

## **Application Data Sheet**

### **Application Information**

<u>Application number::</u>	<u>10/021,168</u>
<u>Filing Date::</u>	<u>12/11/01</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1651
CD-ROM or CD-R??::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	NITRIC OXIDE DONOR COMPOSITION AND METHOD FOR TREATMENT OF ANAL DISORDERS
Attorney Docket Number::	010692-004531US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephen  
Middle Name:: R.  
Family Name:: Gorfine  
Name Suffix:: M.D.  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of Mailing Address:: 1215 Fifth Avenue  
City of Mailing Address:: New York  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 10029

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/970,447	<del>7/29/99</del> <u>11/14/97</u>
<del>08/970,447</del>	<del>Continued Prosecution</del>	08/970,447	<del>11/14/97</del>
08/970,447	Application of		
	Continuation of	08/666,264	6/20/96
08/666,264	Continuation of	08/371,088	1/10/95

08/371,088

Continuation-in-part of 08/250,555

5/27/94

**Assignee Information**

Assignee Name:: Cellegy Pharmaceuticals, Inc.  
Street of mailing address:: 349 Oyster Point Boulevard, Suite 200  
City of mailing address:: South San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94080